



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

SHARED PARENTING PLAN

EFFECTIVE DATE OF PLAN REVIEW DATE END DATE

CHILD/YOUTH'S NAME

DDD SOCIAL WORKER'S NAME		TELEPHONE NUMBER		CHILD/YOUTH'S SOCIAL SECURITY NUMBER		CHILD'S DDD NUMBER	
DDD SOCIAL WORKER'S ADDRESS							
Biological parents/ legal guardian	NAME			TELEPHONE NUMBER			
Doctor							
Dentist							
Emergency contact							
FAMILY, FRIENDS, AND NEIGHBORS		TELEPHONE NUMBERS		FAMILY, FRIENDS, AND NEIGHBORS		TELEPHONE NUMBERS	
OTHER TEAM MEMBERS		TELEPHONE NUMBERS		OTHER TEAM MEMBERS		TELEPHONE NUMBERS	
COMMUNITY AGENCIES AND SUPPORTS							
INFORMAL COMMUNITY AGENCIES/CHURCH							
SCHOOL: PUBLIC OR PRIVATE							
INFANT/TODDLER SERVICES							
NEED/CONCERNS OF CHILD							
BIOLOGICAL FAMILY/LEGAL GUARDIAN(S)							
NEED/CONCERNS OF BIOLOGICAL FAMILY: WHAT WORRIES YOU? WHAT DO YOU NEED?							
FOSTER FAMILY							
NEED/CONCERNS OF FOSTER FAMILY: WHAT WORRIES YOU? WHAT DO YOU NEED?							
MAIN DESIRE OR DREAM FOR CHILD'S OR INDIVIDUAL'S FUTURE							
FLEXIBLE FUNDING (THROUGH GUIDELINES)							
PARENT/GUARDIAN'S SIGNATURE		FOSTER PARENT'S SIGNATURE			DDD SOCIAL WORKER'S SIGNATURE		

SHARED PARENTING PLAN: DAY-TO-DAY PLAN

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EFFECTIVE DATE OF PLAN

DAILY CARETAKING

NAME THE PERSON(S) WHO DO DAILY CARETAKING

MEDICAL APPOINTMENTS (TRANSPORTATION, DECISIONS)

NAME THE PERSON(S) WHO MAKE THE PRIMARY DECISIONS

EMERGENCY

ROUTINE

HOLIDAY SCHEDULE/SPECIAL OCCASIONS (IF APPLICABLE)

NAME THE PERSON(S) WHO MAKE THE PRIMARY DECISIONS

NAME THE PERSON(S) WHO ARE INVOLVED

VACATION PLANS (WHAT IS THE PLAN AND HOW ARE BOTH FAMILIES INVOLVED)

NAME THE PERSON(S) WHO MAKE THE PRIMARY DECISIONS

NAME THE PERSON(S) WHO ARE INVOLVED

OTHER PLANS THAT MAY BE SHARED BY BOTH FAMILIES

NAME THE PERSON(S) WHO MAKE THE PRIMARY DECISIONS